

### **Applicant Information**

Applicant Authority Type::	Inventor
Applicant One Given Name::	Brian D.
Family Name::	Simmons
Postal Address Line One::	2221 Warrington Avenue
City::	Flower Mound
State or Province::	TX
Country::	USA
Postal or Zip Code::	75028
Citizenship Country::	USA

### **Correspondence Information**

Correspondence Customer Number::000027683

### **Application Information**

Title Line One::	SURGICAL SAW COLLET WITH CLOSED
Title Line Two::	DRIVE RING
Total Drawing Sheets::	4
Formal Drawings?::	Yes
Application Type::	Utility
Docket Number::	31849.48

### **Representative Information**

Registration Number::	42,044
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## **Assignee Information**

Assignee Name::	Medtronic, Inc.
Street of mailing address::	710 Medtronic Parkway
City::	Minneapolis
State or Province::	MN
Country of mailing address::	USA
Postal or Zip Code::	55432

R-68390.1